



The Secretary for Health Services

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GOVERNOR

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MARCIA R. MORGAN  
SECRETARY

May 29, 2003

Model Waiver II (MW II) Waiver  
Transmittal #A-5

Dear Model Waiver II Provider:

Enclosed please find the new MAP 109-MWII, Plan of Care/Prior Authorization for Model Waiver II Services and accompanying instructions. Model Waiver II providers shall begin utilization of this form effective July 1, 2003. Please be advised that the MAP 109-MWII will replace the current MAP-9, Prior Authorization for Health Services and the current MAP-10, Physician's Recommendation.

The Department for Medicaid Services (DMS) has enclosed a copy of the MAP 109-MWII and the detailed instructions. Your agency may copy the blank form or download an electronic version of this form from the DMS web site. The web address is [chs.state.ky.us/dms](http://chs.state.ky.us/dms). Once you have reached this web address, click on the link to "Provider Resources", then click on the link to "2003 Provider Letters" and click the link to Provider Type 41 and follow the downloading instructions on the screen. **Any MAP 109-MWII that has been altered from the original format of the current version as found on the above website will not be processed.**

If you have any questions regarding this letter or Model Waiver II (MW II) policy, you may contact Craig Cooper, Medicaid Services Specialist III at 502-564-5560.

Sincerely,

  
Marcia R. Morgan  
Secretary

MRM/ker/tb

Enclosures

"...promoting and safeguarding the health and wellness of all Kentuckians."



EQUAL OPPORTUNITY EMPLOYER M/F/D